

## Howard Recreation Center 2505 N. Cassady Avenue Columbus, Ohio 43219 Phone: (614) 645-3713



## 2015 Basketball League

League fees are \$35.00 and must accompany the registration form. All payments must be made on or before Draft Day 12/13/14 (no payments accepted after Draft day). Payments can be made by cash or check, make check out to Howard Community Council (CRC). Draft day held on December 13, 2014 for both age groups. Ages are determined as of 12/31/14. League play begins Saturday, January 17, 2015.

Boys and Girls ages 5-8 yrs.	11-12:30 PM
Boys and Girls ages 9-11 yrs.	1-2:30 PM

Name	D.O.B	Shirt/Jersey Size	Gender	Age Group
		ys ym yl s m lg xl 2xl	M or F	5-8 or 9-11
		ys ym yl s m lg xl 2xl	M or F	5-8 or 9-11

## Informed Consent Form (For a Minor)

I, the undersigned, as parent/legal guardian of the below named child, consent to his/her participation in the Howard Recreation Center basketball league operated by the Columbus Recreation and Parks Department (CRPD). I further agree that in consideration of the acceptance of my child's participation, I, the undersigned, on behalf of myself and as parent or legal guardian of the minor participant, for themselves, their heirs, executors, administrators, successors and assignees, do hereby release and discharge the Columbus Recreation and Parks Department, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising from or out my child's participation in this program.

I do attest and verify that my child is physically fit to participate in strenuous physical exercise. My child and I are aware that participation in the basketball clinics and basketball league are potentially hazardous. Potential risks include, but are not limited to falls, contact with wall, etc. Such risks to my child are known and understood by me. I agree that my child will abide by the direction and instruction of the Columbus Recreation and Parks Department staff during my participation in the clinics and league play.

I understand this consent form and agree to its con	ditions on behalf of my child	1.			
Parent/Guardian Name	ian NameParent/guardian Phone #				
Address					
Parent/Guardian Signature		Date	/	/	